THE JOURNAL of the AMERICAN OSTEOPATHIC ASSOCIATION

The Journal of the American Osteopathic Association (*JAOA*) encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the health care professions to submit comments related to articles published in the *JAOA* and the mission of the osteopathic medical profession. The *JAOA*'s editors are particularly interested in letters that discuss recently published original research.

Letters must be submitted online at http://www.osteopathic.org/JAOAsubmit. Letters to the editor are considered for publication in the *JAOA* with the understanding that they have not been published elsewhere and are not simultaneously under consideration by any other publication. All accepted letters to the editor are subject to editing and abridgment.

Although the *JAOA* welcomes letters to the editor, these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

Improving Osteopathic Medical Training in Providing Health Care to Lesbian, Gay, Bisexual, and Transgender Patients

To the Editor:

I read with great interest the editorial by Melanie A. Gold, DO, in the October 2014 issue of *The Journal of the American Osteopathic Association*.[1]

As an osteopathic physician who also happens to be a transgender woman, I find it appalling that in many parts of the United States, it is incredibly difficult for transgender people to find access to health care. Anecdotally, nearly all of the transgender people I know, which is a relatively large number, have stated that they have been told, often multiple times, "We don't treat your kind of people." This experience is not unusual, as large surveys of the transgender population have found.[2] It has happened to me on more than 1 occasion. Half of us reported that when we did manage to find a physician who would accept us, we had to teach the physician how to care for us.[3]

Part of our oath[4] and duty as physicians is to care for all of our patients, not just patients we necessarily understand or agree with. I'm sure each one of us has treated patients whom we don't particularly like, or patients whose political, religious, or personal views are different from our own. But we treat them anyway.

It seems as if those who refuse to treat transgender patients use their lack of training in this medical condition as a justification for their discrimination. A lack of knowledge could rationalize this response if it weren't for the vast amount of medical information about transgender health care that is easily accessible. But of course lack of knowledge is probably not the real issue.

Statistics vary, but it is likely that 1 in 1000 people is transgender.[5] So it is likely that many physicians will treat or already have treated a transgender patient whether they know it or not. Some transgender patients have learned that the only way to receive medical care or to be treated respectfully is to not disclose their transgender status to health care providers.

Things are changing, though. Transgender people are being featured openly in movies, television shows, documentaries, books, and magazines. And, importantly, we are being shown authentically, not as objects of amusement or ridicule. We are beginning to stand up and openly express who we are despite the discrimination, rejection, misunderstanding, and, sometimes, violence we face.

Although not yet clarified in the judicial system, there are many legal and federal policy experts who believe that the Affordable Care Act includes sections that pertain to medical care and health care discrimination against transgender patients (personal communication, H.G. Tobin, Esq, 2014). Furthermore, they believe that it is not only discriminatory but illegal to refuse to provide health care to a transgender patient if the physician also provides equivalent care for a cisgender (nontransgender) patient. For example, if you have provided hormone replacement therapy for a pregnant woman, then it is discriminatory to refuse to provide it for a transgender woman. The first legal cases alleging physician discrimination have been filed (written communication, Office of Civil Rights, 2012).

All current medical research continues to confirm that transgender is not caused by a mental illness, nor is it a choice;

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rather, transgender is a congenital medical condition that deserves attention and proper care.[6-14] It is not difficult to learn about and certainly is within the scope of all primary care physicians.

As the American Osteopathic Association's code of ethics states:

> [T]he physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or handicap….[15]

It is critical that the American Osteopathic Association support the incorporation of transgender health care education into every medical school curriculum. The American Medical Association, the American Psychiatric Association, the American Psychological Association, the American Psychoanalytic Association, and the National Association of Social Workers, among numerous other professional medical and mental health organizations, have issued policy statements saying that transgender is a medical condition that is best treated with supportive mental health, medical, hormonal, and surgical care.

It is time for transgender health care to be a mandatory part of medical education. We are a vital and important part of the human population. We deserve medical care, too. (doi:10.7556/jaoa.2015.001)

Laura Arrowsmith, DO
Tulsa, Oklahoma

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Gray Zone: Why a Delayed Acceptance of Osteopathic Medicine Persists in the International Community

To the Editor:

I enjoyed the special report, "Gray Zone: Why a Delayed Acceptance of Osteopathic Medicine Persists in the International Community" by Gougian and Berkowitz.[1]

Unfortunately, this problem of recognition of US osteopathic physicians (ie, DOs) as fully licensed physicians has plagued our profession since the beginning, even in the United States. When I was a first-year student at the College of Osteopathic Medicine and Surgery (now Des Moines University College of Osteopathic Medicine [DMU-COM]) in 1965, few people in Des Moines knew that there was a medical school in their city; many thought that we were chiropractors. Locals called us the students from the "Still College"—based on its founding name, Dr S.S. Still College of Osteopathy in 1898! In 2003, when Iowa Governor, Honorable Terry Branstad, became the DMU-COM president for a few years, we gained more exposure.

At the international level, at least in the former British colonies, the DO degree is confused with Diploma in Orthopedics and Diploma in Ophthalmology. To complicate matters further, osteopaths

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from Europe do not have the same curriculum and training as we do in the United States. I have not seen the curriculum of the British School of Osteopathy lately, but to my knowledge it was not a comprehensive medical school curriculum. The osteopathy training and degree in Australia and New Zealand is also different; last I heard, it was more on the level of a physician assistant program.

Understandably, the scope of practice allowed to osteopaths trained in countries outside the United States is restricted to manipulation. However, US-trained DOs should be granted the scope of practice that allopathic physicians have in other countries. The international health licensing agencies must be educated on the osteopathic medical school curriculum and training of DOs in the United States and understand that US DOs are fully trained physicians, distinctly different from osteopaths trained in other countries. This effort has to be taken on by individuals—each one of us—and also at the state and national levels. Some DMU-COM students have attended the WHO fellowship program in Geneva, and their good work is spreading the word. A global health initiative is another great way to spread the knowledge. (doi:10.7556/jaoa.2015.002)

N.K. Pandeya, DO
Plastic Surgeon, Flight Surgeon, USAF (Retired)
West Des Moines, Iowa

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Correction

The author and the *JAOA* regret an error that appeared in the following article:

Hoff G, Hirsch NJ, Means JJ, Streyffeler L. A call to include medical humanities in the curriculum of colleges of osteopathic medicine and in applicant selection. *J Am Osteopath Assoc*. 2014;114(10):798-804. doi:10.7556/jaoa.2014.154.

In the byline of the article, Dr J. Jeffrey Means' credentials should have been listed as MDiv, PhD.

This correction will be made to both the full text and PDF versions of the article online.

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